



## COUNTY OF FAIRFAX

APPLICATION No:

SP 2014-MA-165

Department of Planning and Zoning

Zoning Evaluation Division

12055 Government Center Parkway, Suite 801

Fairfax, VA 22035 (703) 324-1290, TTY 711

www.fairfaxcounty.gov/dpz/zoning/applications

(Staff will assign)

RECEIVED  
Department of Planning & Zoning

MAR 31 2014

Zoning Evaluation Division

## APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>Amparo M. Nima d/b/a My First Steps Daycare</u>	
	MAILING ADDRESS <u>5888 South 6th St Falls Church, VA 22041</u>	
	PHONE HOME (703) <u>671-1909</u>	WORK ( ) <u>—</u>
	PHONE MOBILE (571) <u>501-7468</u> EMAIL <u>elizethlujan@hotmail.com</u>	
PROPERTY INFORMATION	PROPERTY ADDRESS <u>5888 South 6th St Falls Church, VA 22041</u>	
	TAX MAP NO. <u>61-2-37-0023 A</u>	SIZE (ACRES/SQ FT) <u>13,594</u>
	ZONING DISTRICT <u>R-3 Cluster</u>	MAGISTERIAL DISTRICT <u>Mason</u> <u>dep 8/14/14</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: <u>N/A</u>	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>Home Child Care Facility for 12 children</u>	
AGENT/CONTACT INFORMATION	NAME	
	MAILING ADDRESS	
	PHONE HOME ( )	WORK ( )
	PHONE MOBILE ( )	EMAIL
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>Amparo M. Nima</u> TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><u>Ambar Nima</u> SIGNATURE OF APPLICANT/AGENT</p> <p><u>Deborah Leslie Reubert</u></p>		

DO NOT WRITE IN THIS SPACE

Date Application accepted:

August 4, 2014

Application Fee Paid: \$

435.00

SP 2014-0255